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Social services in the UK: an annotated bibliography

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A Synopsis of social service system

Social care services in the constituent parts of the UK (England with 83.6% of the total population, Scotland with 8.6%, Wales with 4.9%, and Northern Ireland with 2.9%) are regulated, funded, commissioned and provided under a broadly common policy umbrella. Although there are a number of national and local variants, most of them are relatively modest. Much of the literature described here relates well to the whole of the UK, but most relates to England, reflecting the weight of evidence and our own knowledge. Comprehensively reviewing the literatures of four separate countries was beyond our ability and time budget.

Structure

Locally elected local authorities take lead responsibility for social care services in England (150 'councils with social service responsibilities'), Scotland (32 local authorities) and Wales (22 local authorities). These bodies plan, commission and provide services, although, as noted below, there has been a marked trend in reducing the in-house provider role over the past decade.

'Care Trusts' are organisations within the National Health Service (NHS) to which local authorities can delegate health-related functions, in order to provide integrated health and social care to their local communities. There are presently just four in England, with others under discussion.

Children's trusts may soon be established in England, bringing together a range of social and health care, education and other services 'to ensure children and their parents get better co-ordinated services geared to meeting individual needs, rather than being centred on organisational structures'. They will both commission and provide services, but will be located in local government, not the NHS. In Northern Ireland there are four (integrated) health and social services boards, which are agents of the Department of Health, Social Services and Public Safety. Services are provided by 19 health and social services trusts, as well as by independent bodies.

Scope

Social care services support various individuals and groups including older people, children and families, people with physical or learning disabilities, and those with mental illness. Services may be delivered in clients' own homes, in residential establishments or in day care facilities, although the family remains both the frontline provider and in quantitative terms the most important care provider. Reliance on informal care is proportionately no greater today than previously, but much greater policy attention has recently been turned to the needs of such unpaid carers, whether within or outwith the family.

NSince the early 1990s there has been especially rapid growth of private and voluntary sector provision, substantially supported by 'contracting out' arrangements from local authorities. The independent sectors now deliver more services than the public sector for most user groups.

Expenditure

Devolution of many powers within the UK make it impossible to report UK-wide statistics for social care, except at the most general level, but some common trends are clearly evident. In England in 2001-2002, gross current expenditure on personal social services by councils with social service responsibilities amounted to £13.6 billion, representing an increase of 6% on the previous year. (In fact, over the ten years since 1991-92, gross current personal social services expenditure has more than doubled in real terms.) Of the 2001-2002 total, 23% was accounted for by expenditure on services for children and families, and 45% by expenditure on services for older people. Residential provision dominates these expenditure patterns (across all almost all user groups), accounting for 46% of the total, compared to 39% for day and domiciliary provision (combined) and 15% for assessment and care management.

In Scotland, net expenditure on social work in 2001-2002 was £1.26 billion, 3% higher than the previous year. As in England, 23% of this total was spent on children's services. Budget expenditure on social services in Wales was £0.7 billion in 2000-2001, of which (again!) 23% was allocated to children's services and 42% on services for older people. Total expenditure on personal social services in Northern Ireland was £1.4 billion in 2000-2001, 12% on children's services and the remainder on adults.

Children's services

In March 2002, there were approximately 59,700 children looked after, formally in the care system, in England (0.52% of the population aged under 18, which is up from 0.45% six years earlier). The total number was 22% higher than in 1993/94. Two-thirds of these children were under 'care orders' and one-third under 'single voluntary agreements'. In terms of placements, 66% were in foster homes, 13% in children's homes and residential schools, and 11% placed with parents. Of these children, a staggering 15% had experienced three or more placements during the previous year. Over the course of the previous year, a total of 93,000 children were looked after at some time. An additional 25,700 children were on protection registers. The proportion of children in foster homes has not changed since 1996.

In Scotland, there were 11,200 looked after children in March 2002 (1.0% of the population 18), an increase of 3% over the previous year. Accommodation patterns were quite different from in England, with much lower use of residential placements: 28% in foster homes, 15% in children's homes and residential schools, 44% living at home with parents and 12% with friends/relatives. The percentage of children placed with foster families has grown from 22% in 1996. Twice as many children have 'looked after' status in Scotland in comparison with England.

In both Northern Ireland and Wales, the percentages of the under 18 population with looked after status are exactly the same as in England (0.52%). Patterns of accommodation are a little different. In Northern Ireland, 63% were in foster homes, 11% in residential accommodation, 22% placed with parents, and 3% in other settings. There were 3,644 children looked after by Welsh local authorities in 2001, 74% accommodated in foster homes, 6% in residential accommodation, 11% placed with parents, and 9% in other settings.

Domiciliary (home) care for adults

Turning to services for adults (which predominantly means older people), about 3 million contact hours of home care (home help) were provided to around 366,800 households (or 381,900 clients) in 2001-2002, in England. This represented a 3% increase in the number of contact hours and a 4% fall in the number of households receiving this service. Councils are clearly providing more intensive services for a smaller number of service users. About 81,500 households (22% of households) received intensive home care in 2002 (defined as more than 10 contact hours and 6 or more visits during the week) – a 5% increase over the previous year. Almost two-thirds of the total contact hours of home care were provided by the independent sector under contract from Councils, a considerable increase over the situation just a few years earlier to 216,200 households. This compares with 60% of contact hours and 205,800 households in 2001.

Scottish local authorities have contracted out a much lower proportion of the home care services they fund, than have their English counterparts. Of the 63,541 home care clients in 2002, 85% were supported solely by local authorities (receiving an average of 5.7 hours per week), 10% solely by independent providers (13.2 hours per week), and the remaining 5% by a combination of public and independent providers (12.5 hours per week). Although the number of home care clients has fallen steadily over a five-year period (20% fewer in 2002 than in 1998), the average number of hours has increased (6.8 compared to 5.1).

More than 12 million hours of home care were provided in Wales in 2000-2001, an increase of 7% on the previous year. A third of the total was provided by independent sector organisations under contract to local authorities. Domiciliary care was the main form of care for 41% of the 14,756 adults (mainly older people) with care packages in effect on 31st March 2001 in Northern Ireland.

Residential and nursing home care for older people

Of course, the largest component of social care expenditure on formal services is on residential and nursing home care for older people. In March 2001 there 341,200 residential places in 24,100 residential care homes in England, and

186,800 registered beds in 5,700 nursing homes and private hospitals and clinics. Some of these places and beds are in dual registered homes. The numbers of residential care homes and places have been falling (by 3% and 1%, respectively, since the previous year), as have the equivalent measures for nursing homes and private hospitals and clinics (3% and 3%). Also falling – and at a faster rate – is the number of local authority homes. By March 2001, the independent sectors provided 92% of all homes and 85% of places in residential care homes. Overall the number of publicly supported residents (across all types of home and sector) decreased in 2001 – for the first time since 1994. Just over half of the supported residents were in independent residential care homes, 27% in independent nursing homes, 16% in local authority staffed homes. Four-fifths of all supported residents were aged 65 or more.

There were 1,573 registered residential care homes in Scotland in March, with 22,336 places, two-thirds of them older people. Of the places for older people, 39% were in local authority homes, 27% voluntary sector and 34% private. There were another 23,940 places in registered nursing homes, all in the independent sector (the majority private) in March 2000. Since 1994, the local authority and the voluntary sector have contracted in size (falls of 33% and 7%, respectively, in available places), whilst the private sector has grown (by 9%). Places in nursing homes have grown by 38% over this nine-year period. In contrast to England, the total number of residential and nursing places grew (by 2%), between 2001 and 2002.

In Wales, the share of all residential care places provided by local authorities has fallen steadily over a 20 year period to 30% in 2001 (out of a total of 15,237 places). This compares to a public sector market share of 79% in 1980. In 2001 there were almost 11,000 additional places in nursing homes (with 91% of the residents aged 65 or over). The total number of places in residential care homes in Northern Ireland fell from 6,710 in 1999 to 6,408 in 2001. 5,539 (86%) of these places were in homes primarily for older people.

Social services finance

Social services are financed primarily by central government and to a lesser extent through local taxation (i.e., the council tax). In England, Scotland and Wales a complex formula is used to allocate funding from central government to local authorities, taking account of different levels of need and costs. The standard spending assessment (SSA) systems in England and Wales, and the grant-aided expenditure (GAE) system in Scotland, provide indicative amounts for social care expenditure, although authorities are largely free to choose the amounts that are actually spent. In fact, most authorities spend above their assessments – indicating that the centrally distributed pot of funds is too small. However, limits on how much authorities' can raise through the local council tax, means that other local services face 'under-spending', to allow social care to be supported at present levels. In Northern Ireland, the joint health and social services boards have their funds allocated centrally and have no opportunity for supplementation from local taxes. This results again in what is widely regarded as under-funding.

Most authorities charge home care users for their services. In England and Wales, individuals are usually subject to a means test. New rules introduced in April 2003

seek to improve fairness by making charging more consistently across English authorities. Wales is introducing more generous means-testing thresholds. The main difference between the countries of the UK, however, relates to personal care (i.e., bathing, feeding and dressing), which is free in Scotland but not in England or Wales.

B   Annotated Bibliography

1. Comprehensive works, overview volumes, classics on social services and the welfare system

Powell, Martin and Hewitt, Martin. 2002. *Welfare state and welfare change.* Buckingham: Open University Press.

This undergraduate textbook seeks to address the 'what, when and why' issues of welfare change, in the UK. The book charts the changing nature of the welfare state over a 60 year period, organised not so much around service, user group or 'need' but around themes and perspectives. Thus, for example, there are chapters on the classic, restructured and modern welfare states. Another chapter focuses on economic explanations for the welfare state and its forms. Political, organisational and social explanations are also given careful attention. The final chapter looks at welfare change, summarising the main arguments, speculating on 21st Century welfare and concluding that, in fact, we still know relatively little about basic questions of the 'what, when and why' of welfare change. The authors suggest that the analysis of recent changes in social policy may require new approaches.

Secretary of State for Health. 1998. *Modernising Social Services: Promoting Independence, Improving Protection, Raising Standards*. CM4169. The Stationery Office.

The incoming Blair administration of 1997 set out Labour's policy agenda for social care in this White Paper. Many of the White Paper's themes are consonant with the government's broader 'modernisation' agenda and seek to build what is called a 'Third Way'. The aim is to 'move the focus away from who provides the care, and place it firmly on the quality of services experienced by individuals and their carers and families'. After stating the key principles that should underlie high quality, effective services for adults and for children, the policy document sets out 'modernisation proposals'.
First, *improving protection* – new inspection systems, independent of local authorities. Second, *improving standards in the workforce* – establishing the General Social Care Council to regulate social care personnel by setting standards of conduct and practice, and to improve levels of training and qualifications. Third, *improving partnerships* – better joint working between social services and the National Health Service, local housing departments, the employment service, the education service, the criminal justice system, independent sector bodies (voluntary and private), users and carers – including pooled budgets, lead commissioning and integrated provision. Fourth, *improving delivery and efficiency* – new monitoring and information systems to raise standards, quality and value for money; new performance assessment framework.

Means, Robin and Smith, Randall. 1998. *Community Care Policy and Practice,* Second Edition. Basingstoke: Macmillan.

Both the first and second editions of this excellent book have been positively received and reviewed. A strong feature is a carefully observed historical account of the development of community care from immediately before the 1940s legislation that introduced the welfare state, with its heavy emphasis on residential forms of care (including widespread use of long-term hospitalisation), to the present day dominance of community-based alternatives. *Inter alia*, the book discusses the changing roles of the state, the family and voluntary organisations, in moving the balance of care away from residential services; the changing needs of older people and the extent to which their needs have been prioritised in resource allocations; the health-social care interface; and perennial challenges of managing the boundaries, with housing and the social security system. The mixed economy of care and European policy contexts are given more attention in the second edition than the first, reflecting their growing importance in UK policy and practice contexts. The book makes copious use of historical documentation and insights gained from interviews with key officials and others.

Hill, Michael J. (editor) 2000. *Local Authority Social Services: An Introduction*. Oxford, Blackwell Publishers.

This introductory textbook provides an accessible, comprehensive account of the structure, organisation and operation of social services in the UK. Seven of the eleven chapters are written by Michael Hill, with contributions from other (specialist) authors on child care, adult care (mainly care for older people), mental health and modernising social services. Historical threads are drawn, but the book's strength is in its careful analysis of recent policy and practice developments, and particularly its discussion of the changing patterns of relationships between central and local government.

2. Supply and demand

Bamford, Terry. 2001. *Commissioning and Purchasing*. London: Routledge.
This highly readable, well informed and thoroughly grounded book, written by an experienced social service manager, provides a recent account of structures and practices in English social care services. The book is organised around one of the dominant themes of the past 15 years – the separation of purchasing (obviously associated with demand) and providing (supply), and the need to develop good commissioning links between them. An opening chapter describes the policy background to present day social care, and there are then insightful accounts of the aims, processes and consequences of commissioning (broadly interpreted). Subjects include: involving carers and users; care management; contracting; costs and prices; purchasing quality care; and next steps in commissioning. In each case, the discussion draws on published research, together with insights from the author's own experience in the field.

Knapp, Martin, Hardy, Brian and Forder, Julien. 2001. "Commissioning for quality: ten years of social care markets in England." *Journal of Social Policy.* 30(2): 283-306.

This paper has a narrower focus than Bamford's book. It starts at the same place: the 1990 *National Health Service and Communtiy Care Act*, which intro-

duced sweeping changes to both the health and social care systems, only some of which have subsequently been altered, following the replacement of Conservative by Labour governments. In social care, the main impacts were seen in: greater emphasis on community care; clarification of lead responsibility (given to local authorities); ending of confused and costly incentives to older people to use social security payments to access residential or nursing home care (subject to a means test, but without any assessment of needs); and further encouragement to private and voluntary sector bodies to expand provision. Building on a long-term research study and national data to chart trends in provision, purchasing and user choice, this paper looks at the consequences of encouraging a more mixed economy of care (particularly greater provider pluralism). The decade has witnessed marked changes to the following. The sectoral balance of care, the growth of domiciliary care relative to residential and nursing home provision, the somewhat slow introduction of forms of contract that share risk more evenly between purchasers and providers and that make allowance for contigencies, and the even slower facilitation of informed choice for older people over the care options open to them.

Lewis, J. and Glennerster, H. 1996. *Implementing the New Community Care*. Buckingham: Open University Press.

Drawing on detailed evidence gathered in five local authorities between 1992 and 1994, this book looks at the period of intense change in community care in England. Three major issues provide the structure for organising and discussing the evidence: (i) the purchaser/provider split and the creation of social care markets; (ii) the (wider) introduction of care management; and (iii) attempts to build better collaborative links with health authorities. Five social services departments were chosen for their contrasting histories, political control and socio-economic circumstances, and their responses to the 1990 NHS Community Care Act were similarly diverse. Broadly, however, new community care policies were welcomed by social workers, due to their potential in development of more user-based practice, and because of their stated intention in expansion of consumer choice. Lewis and Glennerster identify various reasons for the diversity of responses and discuss the implications for the further development in policy and practice.

Wittenberg, Raphael, Pickard, Linda, Comas-Herrera, Adelina, Davies, Bleddyn and Darton, Robin. 2001. "Demand for long-term care of older people in England to 2031." *Health Statistics Quarterly* 12: 5-17.

The future demand for long-term care for older people in England is projected, using a macro-simulation model that takes into account the relationship between factors affecting the need for care, such as dependency and household type, and the provision of long-term care services. Under a 'base case' set of assumptions, the model estimates that, between 1996 and 2031, long-term care expenditure in England would need to rise by around 149 per cent, in real terms, in order to keep pace with demographic trends. However, these projections are highly sensitive to the estimated future numbers of older people, the assumptions made about trends in dependency rates, and future real rises in the unit costs of care.

Rummery, Kirstein and Glendinning, Caroline. 2000. "Access to services as a civil and social rights issue: the role of welfare professionals in regulating access to and commissioning services for disabled and older people under New Labour." *Social Policy and Administration* 34 (5): 529-50.

The right to access care as a citizen is attracting increasing attention in the UK social care context. Drawing on the example of community care services for people with disabilities and older people, this paper builds a theoretical framework of citizenship that encompasses the idea of access to welfare as a 'civil rights' and 'social rights' issue. The authors critically examine Labour government policy developments that emphasise partnership in the NHS and local authorities. Their theoretical framework is used to explore issues concerning access to and the commissioning of health and social care services. They conclude that the roles of welfare professionals, particularly general medical practitioners (GPs) and social service workers, and their relationships with service users, patients, carers and their families present continuing challenges to the citizenship status of people with disabilities and older people.

3. Definition, forms and types of service

The following entries quantify some key aspects of the provision of personal social services. Quite detailed statistical data are provided on the Department of Health website (www.doh.gov.uk).

Miller, Nich and Darton, Robin 2000. „Social services: statistics chasing the policy tail." In Kerrison, Susan and Macfarlane, Alison (Eds). *Official Health Statistics: An Unofficial Guide.* London: Arnold.

Miller and Darton cover a seldom-discussed aspect of social care: government statistics. The authors trace the conflicting agendas of two government departments through the 1980s and 1990s: the Department of the Environment's attempts to decrease the burden of data collection on local authorities and the Department of Health's attempts to increase scrutiny of local social service departments, by demanding more information. The second half of this chapter describes the difficulties in getting sufficient data on the residential and nursing home care sector, particularly with regard to the tracking of the expanding roles of the independent sector. The authors welcome the creation of the National Care Standards Commission (since established, but soon to be replaced) as having the potential to increase the comprehensiveness of data on care homes.

Weiner, Kate, Stewart, Karen, Hughes, Jane, Challis, David and Darton, Robin. 2002. „Care management arrangements for older people in England: key areas of variation in a national study." *Ageing and Society* 22(4): 419-439.

Over three decades, the Personal Social Services Research Unit (PSSRU) has conducted a number of studies of care management services provided by local authorities. This article focuses on patterns of care management arrangements for older people. The authors examine the development of care management since its formal or widespread introduction with the *NHS and Community Care Act* 1990. Analysing the results of a wide-scale study of English local authorities, they report that great variations exist in care management arrangements. Specialised services for older people were found in only about half of the authorities, in spite of government guidance over recent years, that has increasingly emphasised the benefits of specialist intensive care management services. The authors argue that to satisfy government priorities of improving consistency in access to and provision of services, authorities must better target their care management approaches to different levels of need.

Department of Health. *Children in Need 2001 National Results.* London: Department of Health and the Office for National Statistics. Available for download at: http://www.doh.gov.uk/cin/cin2001report.pdf

A.C.Bebbington and J.K.Beecham. *PSSRU Analysis Reports: Children in Need 2001*. London: Department of Health and the Office for National Statistics. Available for download at: http://www.doh.gov.uk/qualityprotects/work_pro/analysis1.htm

Children in Need reports the results of a comprehensive 2001 census of children, known as requiring services by their local authority social service departments. Among the report's findings are statistics on abuse and neglect. The need for social service interventions on these grounds accounted for more than half of all cases of children looked after in residential and foster care. The PSSRU analyses this census data in more depth. Topics include ethnicity, unit costs, worker activity and children with disabilities.

Oliver, Chris, Owen, Charlie, Statham, Jane and Moss, Peter. 2001. Figures and Facts: local authority variance on indicators concerning child protection and children looked after. London: Thomas Coram Research Unit.

This research paper addresses the following questions. Why do local authorities vary so much in their indicators on child protection and children looked after? How much can variations be explained by the effects of socio-economic deprivation? Do high and low scoring authorities differ in their approach to delivering services, or do they vary in the way information is collected and recorded?

4. Organisational aspects, forms, ownership and auspices of providers

Policy emphasis, for some years, has placed great importance on pluralism of provision – encouraging a mix of state and non-state services – and the need for collaborative rather than sometimes somewhat combative styles of interaction. The latter emphasis has partially failed, in so far as a culture of contracting (still sometimes quite adversarial) has undermined certain long-standing relationships, between the state sector and the independent sector. On the other hand, new models of 'partnership' are being discussed and introduced.

Deakin, Nicholas. 1996. *Meeting the Challenge of Change: Voluntary Action into the 21st Century*. Report of the Commission on the Future of the Voluntary Sector. London: National Council for Voluntary Organisations.

Voluntary organisations have long been major and highly valued social service providers, but changes in the broader mixed economy have introduced many challenges. A Commission chaired by Prof. Nicholas Deakin was set up to explore the future of the voluntary sector. One particular concern related to charitable status. The report favoured the retention of a legal test of charitable status, based on an organisation's purposes, rather than its actual activities. The Deakin Commission report related to the whole of the voluntary sector, but obviously much is directly relevant to social care. The report is strongly evidence-based, well situated in the policy context, and continues to be widely cited today. The Commission identified the need for higher and more consistent standards of management within the sector which in November 1998, led to the establishment of the Compact. 'An agreement between government and the voluntary and community sector

to improve their relationship for mutual advantage. The Compact aims to build the partnership relationship between government and the sector.' The principles outlined in the national Compact exert considerable influence in relation to government policy towards the sector.

Walsh, Keiron, Deakin, Nicholas, Smith, Paula, and Spurgeon, Peter. 1997. *Contracting for Change Contracts in Health, Social Care, and Other Local Government Services.* Oxford: Oxford University Press.

This widely-cited research volume examines, as its title suggests, contracting arrangements, not just in social care but also in other fields, and not just in the UK, but drawing on experiences from other countries. At the core of the book is the question: 'What are the implications of the contract culture and its introduction into Britain's public services, for both providers and users of services?' Evidence is drawn from the late Keiron Walsh's own extensive work, in the public policy and public management fields, particularly in local government. Chapters examine, in turn, the background to and recent experience of change in UK public services; the processes of public service management change; the introduction of contracts; the design of the empirical research study; structures for and of contracting; markets; managing contracts; the context of change; and what the authors call 'the contract revolution' in the wider international domain, where the authors caution against drawing conclusions, across national boundaries, without appropriate adjustment for context. The replacement of the compulsory competitive contracting system by 'Best Value', a major development since 1997, is discussed in Greenwood et al. in *New public administration in Britain* (see section 12).

Johnson, Norman, Jenkinson, Sandra, Kendall, Ian, Bradshaw, Yvonne and Blackmore, Martin. 1998. "Regulating for quality in the voluntary sector." *Journal of Social Policy* 27(3): 307-328.

The implementation of the 1990 NHS and Community Care Act, the greatly increased use of voluntary sector providers, and the switch from grants to contracts, form the background to this research based study. (These themes are also addressed in sections 2, 8, 12 of this bibliography.) Drawing on data from one local authority, the article brings together two main themes of current social policy debate in personal social services: regulation and quality assurance. Contracts are seen as increasingly significant forms of input, process and output regulation. The results from the empirical study are discussed in the context of evidence from other parts of Britain and also the United States. The main issues identified in this discussion are competition, consumer choice, user involvement, the dangers of excessive and inappropriate regulation, the importance of trust and risk, and the relationship of resources to quality.

Balloch, Susan and Taylor, Marilyn (Eds). 2001. *Partnership Working : Policy and Practice*. Bristol: Policy Press.

'Joined-up' policy and practice has been an aim for longer than researchers have been pointing out the adverse consequences of isolated, inconsistent, contradictory actions by different parts of the social policy domain. Balloch and Taylor offer a collection of well written accounts of present day 'partnership' aspirations and achievements, firstly in relation to social exclusion, then in the social and health care arena, and thirdly by exploring issues of power, participation and place.

Rochester, Colin and Harris, Margaret 2000. *Voluntary Organisations and Social Policy in Britain : Perspectives on Change and Choice*. Basingstoke: Palgrave Macmillan.

This collection of papers from the LSE reviews two decades of British social policy, with particular focus on the position of the voluntary sector at the heart of many policy and practice changes. Chapters cover the public and social policy context, social exclusion, contracting, regulation, regeneration, partnership, provision of care for older people, grant-making foundations, international development NGOs, non-profit housing agencies, governing bodies of voluntary organisations, volunteers and users.

5. Financing

Glennerster, H. 1997. *Paying for Welfare: Towards 2000*, Third Edition. Hemel Hempstead: Prentice Hall Europe.

Glennerster's classic textbook, which appears widely on undergraduate course reading lists, is currently being revised for a fourth edition to be published by Policy Press. Only one chapter deals with the personal social services, but the broader descriptions of how social welfare services are funded and accessed is clearly very relevant and sets social care expenditure within more general financing and spending frameworks. (Other topics covered are health care, education, housing, social security).

Sutherland, Stewart (Chairman). 1999. *With Respect to Old Age: A report by the Royal Commission on Long Term Care*. Cm 4192-1. London: The Stationery Office.

The Royal Commission on Long Term Care was established in late 1997 to examine the short and long term options for 'a sustainable system of funding long term care for elderly people, both in their own homes and in other settings.'
The Commission report, together with its three evidence volumes, not only shaped the debate, but also provided an opportunity to review past trends and challenges. The report was warmly welcomed in many quarters, not least for its very positive stance on ageing (for example, rejecting the view that the UK faces an unaffordable 'demographic timebomb').

The central recommendation was that 'the costs of long-term care should be split between living costs, housing costs and personal care. Personal care should be available after assessment, according to need and paid for from general taxation; the rest should be subject to a co-payment according to means.' This would signal a major break with the past and would resolve the central dilemma of distinguishing between (free at the point of delivery) NHS services and means-tested social care. The report of the Royal Commission was not unanimous, and there was a 'note of dissent' written by two members. A similar lack of consensus greeted the report's publication, and the Commission's central conclusion was ultimately rejected by the Government.

Carr-Hill, Roy, Rice, Nigel and Smith, Peter. 1999. "The determinants of expenditure on children's personal social services". *British Journal of Social Work.* 29(5): 679-706.

This article reports the results of a statistical study, commissioned by the government from the York group. The study examined expenditure on personal social services for children, in order to determine the allocation of money, from central to local government (Standard Spending Assessments). (Other commissioned work looked at other social and health care fields.) The study combined data from a variety of sources, including local authority registers, to infer the distribution of expenditure between 1,036 small areas with populations of about 10,000. Multilevel statistical techniques were used, and suggested that the principal determinants of expenditure are children in lone parent families, children in families of income support claimants, children living in flats (apartments), children with limiting long-standing illness, and population density. Each of these is linked – directly or indirectly – to deprivation. The authors also outlined potential improvements to the Standard Spending Assessment methodology.

Wittenberg, Raphael, Sandhu, Becky and Knapp, Martin. 2001. "Funding long-term care: the public and private options" Pp. 226-249 In Elias Mossialos and Anna Dixon (Eds*) Funding Health Care: Options for Europe*. Buckingham: European Observatory on Health Care Systems. Open University Press.

This book chapter looks at health care funding arrangements. It examines the underlying principles of funding long-term (social) care for older people, reviews arrangements in some European countries, and explores the consequences of different approaches. Possible systems for financing long-term care are appraised against the criteria of efficiency and equity. It argues that risk-pooling through insurance is a more efficient way of funding long-term care rather than relying on savings, but problems with the voluntary purchase of private insurance makes public sector intervention inevitable.

6. Staff and volunteers

Henwood, Melanie. 2001. *Future Imperfect? Report of the King's Fund Care and Support Inquiry*. London: King's Fund.

In the spring of 2000, the King's Fund established an independent inquiry into the quality of physical, practical or emotional support provided to adults. Evidence was gathered through written submissions, discussions with key 'witnesses', and consultative meetings with service users and carers. More than two million adults in Britain (two thirds of them frail older people) need care and support in their daily lives. The services they require accounts for the employment of around one million care and support workers. The quality of care and support has been the focus of increasing concern, and the passing of the Care Standards Act (2000) established, for the first time, a national system for the regulation of social care. The Inquiry considered the likely benefits of regulation and explored further strategies for improvement that may be required. The Inquiry highlighted an emerging crisis precipitated by an ageing population and increasing workforce shortages. Fifteen key recommendations for immediate action were identified and included issues of social care resources; choice and control in services; training and skills; and recruitment and retention. An appendix provides statistical data and research profiles of the social care workforce.

Ungerson, Claire. 1999. "Personal Assistants and Disabled People: an examination of a hybrid form of work and care." *Work, Employment and Society*. 13(4): 583-600.

In this article, drawing on empirical data from a small qualitative study of personal assistants working for people with disabilities, Ungerson argues that

these workers are not as open to exploitation, as she has suggested, in previous research. They are able to leave employers they do not like, although not without some difficulty, since they often feel very guilty. She also suggests that, in order to manage risk, people with disabilities, who employ personal assistants, employ those who are already known to them, and this makes the boundary between care work and friendship a difficult one to negotiate. If this form of care work develops and, given that there is a push to extend direct payments in the UK it seems likely, the whole issue of the employer/employee relationship located within the care user/caregiver relationship will become very complex.

Balloch, Sue, McClean, John and Fisher, Mike (1999) (Eds) *Social Services: Working Under Pressure*. Bristol: Policy Press.

The findings of workforce studies, which took place between 1993 and 1995, about social service staff in England, Scotland and Northern Ireland are reported here. Data was collected using a longitudinal survey, with a panel of English, Scottish and Northern Irish social service staff. The study concentrates on managers, field social workers and residential and homecare workers. The book includes chapters on the employment history of staff (Toby Andrew), their levels of satisfaction, stress and sense of control (John McLean), discrimination at work (Barbara Davey) and coping with violence and abuse in the workplace (Jan Pahl). The editors conclude that further radical change, may be difficult for the social service workforce, to assimilate. Given the evidence presented on levels of stress and exposure to violence and that there has been inadequate progress on equal opportunities and training, staff may be reaching their limits to absorbing change.

Brockmann, Michaela, Butt, Jabeer and Fisher, Mike. 2001. "The experience of racism: black staff in social services." *Research Policy and Planning* 19(2).

Jabeer Butt has carried out a number of studies, on the experiences of black and minority ethnic staff, in social service employment. Drawing on qualitative methods to interpret information obtained in interviews, with nearly 1000 people, 134 of whom were from black or minority ethnic groups, this jointly written paper examines 'how racism is experienced' by such staff. Racism is found to be a common experience among the latter. Among the findings include incidents 'perceived to be directed at the professional role and identity of staff, have a greater effect than more general comments', and subtle forms of racism, have greater impacts than more explicitly racist comments and practices. Comments are offered on current policies to counter racism, including criticism of a 'zero tolerance' approach, and the shortcomings of relying on the advancement of black and minority ethnic staff, into management positions.

Knapp, Martin, Koutsogeorgopoulou, Vasiliki and Smith, Justin Davis. 1996. "Volunteer participation in community care." *Policy and Politics*. 24(2): 171-192.

Using multivariate statistical analysis of data from a UK household survey, this paper examines patterns of community care volunteering. The authors find that a number of individual, household and other characteristics influence volunteering, with marked differences in the patterns of distinct types of community care activities, such as supporting older people and transporting or escorting people. Methodologically, the results point to failures of previous studies in adequately addressing volunteering contributions of black and ethnic minority groups, and individuals from lower income groups. The policy implications of the results for community care are explored.

7. Clients, users and consumer issues

Stanley, Nicky. 1999. "User-practitioner transactions in the new culture of community care*." British Journal of Social Work* 29 (3): 417-435.

The findings of a research project, which examined the views and practice of social workers undertaking assessments in one local authority, are outlined. These new assessment arrangements followed implementation of the NHS and Community Care Act 1990. Assessors expressed dissatisfaction with some aspects of the new system of care management, but overall, took the new culture on board. Managers were consistently more enthusiastic than social work practitioners. Both groups saw needs-led assessment, user choice and keeping users in their own homes, as central objectives of care management. The research included shadowing ten community care assessments, to explore the degree to which these objectives were realized in practice. Users' experiences of the new culture were also studied. The user-practitioner transactions observed, suggest that those users who were able to articulate their own needs forcefully, were most likely to be able to exercise choice. It is argued that the new culture of community care embodies 'consumer choice' rather than 'user choice'.

Bamford, Claire and Bruce, Errollyn. 2000. "Defining the outcomes of community care: the perspectives of older people with dementia and their carers." *Ageing and Society* 20: 543-570.

This paper reports on one aspect of the outcomes programme run by the University of York's Social Policy Research Unit, which has been developing ways for social care agencies, to use information on outcomes in social care in their practice. The authors review the literature on outcome measures developed to evaluate services for people with dementia, observing that many studies have marginalised the perspectives of the people themselves and have relied on proxy respondents or observation instead. They report the results of a feasibility study on consulting people with dementia and their carers, to establish outcomes of importance, in relation to community care services. They arrived at a set of outcomes through the use of discussion groups, interviews and informal conversations. Both service-process outcomes (such as 'having a say in services') and quality of life outcomes (for instance 'feeling safe and secure'), emerged as important. Bamford and Bruce note that service evaluations have not generally emphasised the importance of maximising a sense of autonomy for the service user. They also note the problems of using carers as proxy respondents for people with dementia. They call for a shift in research perspective, away from a medical outlook, towards an approach more suited to the aims of community care and acknowledging the views of people with dementia.

Allott Margaret and Robb Martin (Eds), (1998), *Understanding Health and Social Care: An Introductory Reader*, Sage Publications, in association with The Open University

Despite its broad title, this book does not attempt to provide an overview of the financing, organisation or administration of care services, although it does introduce some of the key issues and debates. Rather, it sets out to 'connect the day-to-day experience of caring, and being cared for, with new ideas and ways of thinking about health and social care.' It includes up to the minute research findings and academic debates, but alongside the perspectives of front line care workers, and those who are users of care services. Particular attention is paid to

the voices of those who often go unheard, especially service users, people with disabilities, older people, and members of minority ethnic groups.

Barnes, Marion, Harrison, Stephen, Mort, Maggie and Shardlow, Polly. 1999. *Unequal Partners: User Groups and Community Care*. Bristol: The Policy Press.

Self-organised user groups in the mental health and disability fields are becoming increasingly visible and playing important roles. Strategies employed by user groups, in pursuit of their objectives, are described in this report and linked to conceptual discussions of consumerism, empowerment and citizenship. One of the conclusions from this study is the need for true *self*-organisation by such groups. This needs to be encouraged and resourced, if such groups are to play valued roles in the design, planning and delivery of services, and if they are to counter social exclusion.

Ungerson, Claire. 1997. "Social politics and the commodification of care." *Social Politics* 4(3): 362-381.

Many welfare states are increasingly attaching cash to the activities of informal care. Three reasons for this are: to deal with a perceived 'care deficit'; to develop the rights and empowerment of users of care services; and to compensate for and recognise the activities of care-giving. This article discusses possible reasons for these common developments in both Europe and the United States, suggesting a seven-fold typology for understanding their nature. It outlines various theoretical tools, with which to evaluate their meaning and impact. In particular, Ungerson considers the way in which a gendered perspective can be brought to bear on the analysis of these policies.

Oldman, Christine. 2002. "Later life and the social model of disability: a comfortable partnership?" *Ageing and Society* 22: 791-806.

In this interesting article, Olman advocates a new paradigm for the critique of unsatisfactory, disempowering social and housing policies, for older people. She argues that the social model of disability, familiar to those in the independent living movement, has applications to later life studies. It is also valuable at the level of policy and politics. The social model dissociates disability and impairment, seeing the problems of individuals with disabilities as lying not with their impairments but with society. Unlike the administrative models of care, that place control in the hands of social care professionals, the model provides an alternative concept of personal assistants, who work under the direction of the people with disabilities themselves. Oldman reviews arguments for and against aligning older people with people with disabilities, suggesting that for those older people who have impairments, the model has much to offer. She suggests that it could provide a focus for collective action in a number of areas, for instance, the funding of care. An equal relationship with those delivering services is needed, and a refocusing towards the social environment as problematic rather than old age itself.

8. Efficiency, effectiveness and equity of social service provision and financing

Bauld, Linda, Chesterman, John, Davies, Bleddyn, Judge, Ken and Mangalore, Roshni. 2000. *Caring for Older People: An Assessment of Community Care in the 1990s.* Aldershot: Ashgate.

This book primarily reports the findings of a longitudinal study of community care for older people, but also locates those findings in a broader discussion of the

policy and practice environments, of English social care in the 1990s. Chapters describe a sample of older people and their carers (their characteristics and circumstances), care management arrangements, consistency in social care, social supports, informal care supports, costs and outcomes. The authors conclude from their detailed analyses that the community care reforms of the 1990s demonstrate real capacity for change, particularly as a result of the emphasis on care management and planning. Better targeting of resources on needs has been achieved, but at the expense of appropriate investments in prevention and rehabilitation. The book also vividly illustrates the variety and complexity of user and carer needs, and in the formal responses to them.

Forder, Julien, Knapp, Martin, Hardy, Brian, Kendall, Jeremy, Matosevic, Tihana and Ware, Patricia. 2003. "Prices, contracts and motivations: institutional arrangements in domiciliary care". *Policy and Politics* forthcoming.

Social care reforms of the early 1990s have had especially profound effects on the domiciliary care system. The adoption of markets and the 'enabling' role for local authorities are central features. In contrast to much of the original rhetoric that lies behind these reforms, economic theory emphasises the importance of institutional arrangements – particularly the nature of the contractual relationship between domiciliary care purchasers and providers – in affecting performance. Given, in addition, the discretion that local authorities have over the specific form of transactions with providers, questions about contract choices become especially pertinent. This paper describes the variety of arrangements being used and the different implications of contract choices. In the context of relatively competitive markets and organisations exhibiting a range of business motivations, the evidence supports the hypothesis that for otherwise equivalent providers, prices are significantly affected by contract type. In short, institutional arrangements matter. This is one of a series of books from PSSRU examining efficiency and equity aspects of care for older people.

Davies, Bleddyn, Fernandez, Jose Luis (2002) *Equity and Efficiency Policy in Community Care*. Aldershot, Ashgate.
This detailed volume provides the first systematic account of the productivities of community care services for older people in England and Wales, for a wide range of outcome variables. Among other things, the productivity 'mapping' suggests that community care services affect different users very differently. There is no significant evidence of complementarity between services, newer types of service (day care and respite care) are significantly more effective for a majority of outcomes than traditional ones (e.g. home care, meals), and services exhibit significant decreasing returns to scale effects. The authors use their findings on productivities and utilisation to investigate ways of improving the current allocation of resources: i.e., how to improve the balance of outcomes achieved, the distribution of services across user types, and the dangers of supply constraints for particular services.

Henwood Melanie and Waddington Eileen. 2002. *Messages and Findings from the Outcomes of Social Care (OSCA) Programme*. Leeds: Nuffield Institute for Health.

The Department of Health commissioned a programme of research under the banner of Outcomes of Social Care for Adults (OSCA). This comprised 13 diverse projects and a parallel programme of work on outcomes by the Social Policy Research Unit, University of York. Each project produced reports and publications,

and this overview summarises them and explores the contribution of the OSCA programme to the development of the conceptual understanding of outcomes. Outcomes are multidimensional, and specifying them is inherently difficult. Moreover, different stakeholders often have different perspectives. More recent developments that further emphasise the need for a clear view on outcomes include the National Service Frameworks (including those for older people, people with mental health problems and – soon – children), and by the establishment of the Social Care Institute for Excellence (SCIE).

Glendinning Caroline, Halliwell Shirley, Jacobs Sally, Rummery Kirstein, Tryer Jane. 2000. *Buying Independence: Using Direct Payments to Integrate Health and Social Services*. Bristol: The Policy Press.

Direct payments are of increasing significance in the UK. Eligibility for the scheme has recently been expanded to include older people, younger (teenage) adults, and the parents of children with disabilities. As other studies have found, this study by Glendinning et al. concludes that direct payments offers people with disabilities major benefits, compared with conventional, directly provided, care services. Users of direct payments describe the greater choice and control they are able to exercise, and the individualised, flexible and responsive packages of care they are able to construct for themselves. These are generally far broader than conventional home care support. The authors conclude that 'this enhanced choice and control, in turn, led to improvements in their quality of life, emotional and mental well-being.' Given the growing attention paid to direct payments in many European social care systems, this is encouraging evidence. Moreover, these authors argue that moves towards closer integration of health and social care services through the use of 'flexibilities' introduced by the 1999 *Health Act* will provide further opportunities for people with disabilities 'to integrate their independence through the integrated health, personal and social support of direct payments.'

Glasby, John and Littlechild, Rosemary. 2002. *Social work and Direct Payments.* Bristol: Policy Press.

Glasby and Littlechild offer an up-to-date review of progress and problems with direct payments since the 1996 *Community Care (Direct Payments)* Act, came into force a year later. The Act gave local authorities the power to make cash payments to some service users, rather than directly provide them with services. The book also provides an historical account of direct payments and outlines the legislation and accompanying guidance. It looks at different user groups and their experiences with direct payments (including discussions of the relevance of ethnicity and sexuality), and then discusses the positive and negative consequences of direct payments from a variety of perspectives. Although most of the book relates to the UK, comparisons are made with other European countries.

9. Patterns of relations among providers

Glendinning, Caroline, Coleman, Anna and Rummery, Kirstein. 2002. "Partnerships, performance and primary care: developing integrated services for older people in England." *Ageing and Society*. 22: 185-208.

This paper presents a critical review of recent policy developments, in relation to the health and social care of older people, in England. The authors scrutinise

relationships between health and social care organisations, in the context of the government's agenda of creating 'partnerships', improving performance in the public sector, and involving front line health professionals in service development and resource allocation decisions. The new Primary Care Groups (PCGs) and Primary Care Trusts (PCTs), which have been likened to US Health Maintenance Organisations (HMOs), have the potential for increasing local collaboration between health and social services. The authors present results from two recent longitudinal studies of PCG/Ts and discuss the implications of the national policy agenda on the local development of older people's services. They argue that the governmental focus on partnership working may not be addressing the most important priorities in the eyes of older people themselves.

Taylor, Marilyn. 1997. *The Best of Both Worlds: Partnership Between Government and Voluntary Organisations*. York: Joseph Rowntree Foundation.

Research carried out over a five year period by the Joseph Rowntree Foundation looked at state-voluntary sector partnerships. Taylor reviews what has been learned about the voluntary sector, noting its diversity and in some cases fragility, and maps its changing relationship with the public sector. She draws out the implications for, and the potential threats to, partnership working with governmental organisations, noting the culture gap and resource imbalance that may exist between the partners. This thoughtful and wide-ranging analysis ends with a set of practical recommendations for both voluntary and government partners to fund community development and enhance the effectiveness of services for users and citizens.

Hudson, Bob and Henwood, Melanie. 2002. "The NHS and social care: the final countdown?" *Policy and Politics* 30(2): 153-166.

Hudson and Henwood, long time commentators on care policies, systems and practices in the UK, argue that the boundary between health and social care in England has been problematic throughout the period since 1948. Central emphasis was laid on partnership by the incoming 1997 Labour government. More recently there has been a focus less on partnership, than on restructuring, as the way of achieving integrated care. The authors argue that this approach has caused confusion and is inconsistent with the complex requirements of governance, and the management of 'wicked issues', a feature of which is complex interdependencies.

10. Innovation and change

There has been a trend in recent years towards the joint provision of 'intermediate care' by health and social services, in response to government initiatives in the form laying down new statutory duties to embrace partnership working, backed up by numerous directives and 'advice'. There have been a number of developments in the areas of user involvement and empowerment and much written on partnerships outside the arena of intermediate care. These are listed elsewhere in this bibliography.

Wistow, Gerald, Waddington Eileen et al. 2002. *Intermediate Care: Balancing the System*. Leeds: Nuffield Institute for Health. Available at: http://www.nuffield.leeds.ac.uk/downloads/adsreport.pdf.

The authors provide a comprehensive review of intermediate care in England with reference to the contribution of social care. They emphasise the role that

personal social services can play in counterbalancing an acute/medical model of care that could be inappropriately applied to intermediate care. They argue that social care can contribute a holistic and user-centred approach to intermediate care.

Dobash, Russell, Dobash, R. Emerson, Cavanagh, Kate and Lewis, Ruth. 1999. "A research evaluation of British programmes for violent men." *Journal of Social Policy* 28(2.): 205-233.

Dobash and Dobash have been researching the area of domestic violence for many years. The authors note that there have been relatively few British programmes dealing with men's violent behaviour towards women partners. The paper presents the results of an evaluation of two Scottish court-mandated programmes for violent men. The programmes focussed on the offender's violent behaviour and his need to change. The evaluation compared this 'programme' group with a group of men who had been sanctioned in other ways, such as admonishment or imprisonment. Impacts on the behaviour of the two groups were evaluated by examining quantitative and qualitative data, gathered from a combination of interviews, postal questionnaires and court records. The results of this three year study suggested that one year after the intervention, a significant proportion of 'programme' men had not been violent towards their partners, unlike the comparator group, who were less likely to have changed their behaviour.

11. European Union and globalisation issues

Glendinning, Caroline (Ed.). 1999. *Rights and Realities: Comparing New Developments in Long-term Care for Older People*. Bristol: The Policy Press.

This edited book contains chapters on a number of countries that have made significant changes in the funding, organisation or delivery of long term care services: the UK, the Netherlands, Finland, Denmark, Germany and Australia. Glendinning in her conclusion discerns some common trends among these countries: for instance governments' attempts to increase co-ordination of services across boundaries – health and social services, hospital and community; devolving integrated budgets to local levels for a variety of long term care services. She draws out the implications of such trends for older people in terms of equity and citizenship. Finally, she examines how lessons learned from other countries' experiences, could be applied to long term care provision in the UK.

Munday, Brian and Ely, Peter (Eds). 1996. *Social Care in Europe*. Hemel Hempstead: Prentice Hall/Harvester Wheatsheaf.

The editors of this book note that they sought to fill a gap in the literature on comparative social care policy and the lack of up to date information on social care in Europe. Munday's introduction examines how social care is defined within Europe and identifies dimensions along which social care can be compared. He then provides the context of social care in the then 12 countries of the European Union. There are chapters on the mixed economy of welfare (Ely and Sama) and on social care for three client groups – children and families (Madge and Attridge), people with disabilities (Wilson) and older people (Baldock and Ely). Munday concludes by pondering future developments for social care in Europe.

12. Bureaucratisation and/or commercialisation problems

Lewis, Jane. 2001. "Older people and the health-social care boundary in the UK: half a century of hidden policy conflict." *Social Policy and Administration* 35(4): 343-359.

This is an excellent analysis of the historical antecedents of the health and social care 'divide' that has been the focus of increasing government concern over recent years. The group of older people with 'intermediate' needs that fall between the responsibilities of the two services is growing. Lewis has consulted archival material to go beyond the usual explanations – financial, administrative and professional divisions. She argues that in the late 1950s Ministry of Health officials established a boundary between health and local authority responsibilities, based on the need for either 'constant care and attention' (local authorities) or 'constant medical and nursing attention' (health authorities). This resulted in a battle between the two services over which needs they should meet. The second part of the paper reviews the Labour government's NHS plan, which promotes a substantial policy shift towards primary care. Lewis considers the impact of a shift of administrative responsibility for the 'intermediate' group of older people to the NHS. She argues that such a shift is unlikely to end the 'Cinderella status' of this group without fundamental change to the financial dimensions of the boundary.

Wistow, Gerald, Knapp, Martin, Hardy, Brian and Allen, Caroline. 1994. *Social Care in a Mixed Economy.* Buckingham: Open University Press.

Wistow, Gerald, Knapp, Martin, Hardy, Brian, Forder, Julien, Kendall, Jeremy and Manning, Rob. 1996. *Social Care Markets: Progress and Prospects.* Buckingham: Open University Press.

These two books stem from a long programme of research funded by the Department of Health, and carried out by the Personal Social Services Research Unit and the Nuffield Institute for Health, largely carried out in 25 localities across England. They describe the 1990 National Health Service and Community Care Act as it applied to social care, and how the legislation was initially viewed with either enthusiasm, or deep scepticism, or (in most cases) cautious ambivalence, by local and health authorities, and voluntary and private sector providers. Over time, most views mellowed and – to a degree – and converged around an approach to the organisation, commissioning and delivering social care, that can be described as 'market pragmatism'. Running through almost all purchaser and provider views on the market-like changes introduced or hugely stimulated by the 1990 Act, is a concern that 'social care is different', with inherent characteristics, that mean that the usual assumptions about market behaviour, do not apply.

Means, Robin, Morbey, Hazel and Smith, Randall. 2002. From Community Care to Market Care? The Development of Welfare Services for Older People. Bristol: Policy Press.

The approach adopted in this excellent book is to chart the development of services for older people in four contrasting local authorities, over the period 1971 (when social service departments were established) to 1993 (when the 1990 Act community care 'reforms' was fully implemented), as the platform for reflecting on continuing policy developments into the 21st century. Discussion of the Labour government's 'Modernisation agenda' and associated initiatives is instructive. Among the topics used to structure the historical narrative and documentary evidence are – in order of real work experience – targeting and rationing, charg-

ing, the role of residential care, shifting health-social care boundaries, the mixed economy of care and quasi-markets.

Greenwood, John, Wilson, David J. and Pyper, Robert 2001. *New Public Administration in Britain.* London: Routledge.

Though not specifically about the personal social services, this helpful text provides an overview of the central and local government context, in which the social services operate. The new edition covers recent developments rolling out from the Labour government's 'modernisation' agenda for central and local government. Inter alia, it gives a clear explanation of 'Best Value' – a system for demonstrating the efficiency and effectiveness of all local government services – that has now replaced the 'compulsory competitive tendering' processes, introduced by previous Conservative governments.

Audit Commission. 2000. *Charging with Care: How councils charge for home care.* London: Audit Commission.

The Audit Commission has examined the range of approaches that local authorities in England and Wales take to charging vulnerable people for services. The report reveals sharp increases in the prevalence of charges and revenue raised from that source. It also highlights significant implications for service users. For example, in a third of councils, users have been left to live on incomes below Income Support levels. They also found that charges could create a perverse financial incentive to admit service users prematurely into residential care. The Commission recommended clear national guidance on assessing users' incomes and expenditures. They also recommended that local authorities improve their charging practices during 'Best Value' reviews, for instance, establishing clear principles to guide charging.

13. Comparative, cross-national issues

A number of works cited in this bibliography include comparisons between countries, either directly or indirectly.

Harris, John and MacDonald, Catherine. 2000. "Post-Fordism, the welfare state and the personal social services: a comparison of Australia and Britain." *British Journal of Social Work*. 30: 51-70.

The authors examine the provision of social services, within the wider context of social welfare change. Where much analysis has been based on a 'mixed economy of welfare' framework, efforts to relate developments to changes in state forms and economic forces, have been less pronounced. The authors discuss how post-Fordist analysis has attempted to examine the relationship of these factors. Post-Fordism involves a restructured regime in which state and economy are focussed on flexible production and diversified consumption. They suggest that post-fordism has under-emphasised the mediating impact of existing national institutional arrangements and over-emphasised historical 'breaks' in social welfare, as it passed from fordism to post-fordism. They argue that post-Fordist thinking should be tested: aspects of continuity in social welfare that have been neglected by this thinking are addressed by comparing the delivery of personal social services to older people in Australia and Britain. The authors identify three dimensions of measuring the transformation of social welfare along a post-Fordist trajectory: a

shift from a unitary economy to a mixed economy of service provision; changes in the model of service delivery and consumption; and strengthening the governance function of the central state. They conclude that the restructuring of the welfare state is mediated by political strategies that differ among nations as they respond diversely to globalisation. There is a need to refine the post-Fordist welfare state thesis concerning the restructuring of social welfare.

Kendall, Jeremy, Knapp, Martin and Forder, Julien. 2003. Social care and the nonprofit sector in the Western developed world. Forthcoming in Walter W Powell and Richard Steinberg (Eds). *The Nonprofit Sector: A Research Handbook*. Second edition. New Haven: Yale University Press.

Voluntary or non-profit sector social care providers have increasingly come to the attention of policy makers and analysts around the world. Interest has been generated both because of their institutional form (non-profit sector) and because of the growing salience of formally organised social care, as a policy field. Interest has also been stimulated by demographic and economic trends and changes in family structure. Against this backdrop, this chapter first discusses the nature of social care, as a pre-requisite for considering how and why the non-profit sector contributes to social care in such significant ways, and what lies behind the patterns of international variation in the extent and nature of these contributions. The non-profit sector's historical and current roles are set in a comparative perspective, both internationally and by contrasting social care's development with other welfare fields. The broad contours of the sector today are mapped, with cross-country comparisons. The chapter then turns to arguably the most prominent discipline in non-profit theorizing at the current time – economics – in an attempt to tease out some of the 'micro' factors that may lie behind these patterns, supplementing the more macro political style of preceding sections. Non-profit sector social care performance is evaluated (compared to the public and private sectors), and suggestions made for future research.

14. Current trends and policy issues; predictions

Evandrou, Maria and Falkingham, Jane. 1998. "The personal social services" Pp. 189-256 In Howard Glennerster and John Hills (Eds) *The State of Welfare: the Economics of Social Spending*. Second Edition. Oxford: Oxford University Press.

Evandrou and Falkingham provide an overview of the personal social services (PSS) since the mid-1960s, until towards the end of the Conservative government in 1997. Though the topic is vast and complex, the authors have marshalled the relevant facts and statistics, in a way that make this chapter accessible, to a general readership. The authors define the ultimate aims of the PSS, as social control (such as child protection) and social integration (practical support for older people). They consider the macro-level outputs of the many strands of the PSS in terms of equity, efficiency and effectiveness, and also at a micro level, looking at distributional issues in the provision of services to older people. Interestingly, the authors suggest some possible indicators by which to evaluate PSS outcomes in relation to its aims: crime figures and the numbers of older children in local authority care could, for instance, be used as indicators for the aim of social control.

Hudson, Bob (Ed). 2000. *The Changing Role of Social Care. Research Highlights in Social Work. London and Philadelphia*: Jessica Kingsley Publishers Ltd.

In introducing this volume, Bob Hudson observes that the social services department envisaged by the Seebohm report on 1968 'is now unrecognisable, if not extinct'. The White Paper *Modernising Social Services* is believed to signal an end to this era and to herald a new approach better suited to the next century. The book examines the changing role of social care over the past 30 years, particularly the changes associated with the introduction of the 'quasi market' in the 1990s. There is a particular focus on interagency relationships, particularly between health and social care, but also exploring important intersections with housing, social security, and between central and local government.

15. Other topics

Social care systems across the world rely heavily on unpaid work of family friends and neighbours, especially in the care of older people. Informal carers are increasingly treated as service providers in their own right, and informal caring has, to some extent, become professionalised. There is an extensive literature on informal care in the UK.

Twigg Julia (1992). Carers in the service system. In Twigg, Julia (ed). *Carers: Research and Practice*. London, HMSO.
Though written over ten years ago, Twigg's chapter still provides the best conceptualisation of carers within the service system. She outlines her four-fold typology of carers in the service system: carers as resources; carers as co-workers; carers as co-clients; and the superceded carer.

Pickard, Linda. 2001. "Carer break or carer blind? Policies for informal carers in the UK." *Social Policy and Administration*. 35(4): 441-458.
Recent policy documents on informal care in the UK are examined – the National Strategy for Carers, the report of the Royal Commission on Long Term Care, and the note of dissent by two members of the Royal Commission. It is argued that these documents contain two rather different approaches to policy for carers. The note of dissent and the National Strategy reflect both an instrumental concern for carers and the well being of carers, while the Royal Commission's approach reflects a concern not only to support carers, but to some extent replace them, with formal services. The latter would represent a radical departure from the prevailing policy on carers in the UK. Pickard suggests that neither approach is sufficient on its own: both the interests of carers and cared-for need to be considered together.

Stalker, Kirsten (Ed). 2003. *Reconceptualising Work with Carers. New Directions for Policy and Practice.* London and Philadelphia: Jessica Kingsley Publishers.
This edited volume provides a valuable review of the literature on informal care, with particular emphasis on current policy and practice in the UK. The volume includes a paper by Qureshi, Arksey and Nicholas on 'Carers and Assessment', which draws on the work on outcomes in social care, from the Social Policy Research Unit at the University of York.

C Special Fields

Child and youth welfare

The child care field in the UK has been very well served in recent years by a series of reviews and compendia, that pull together all that is known from research. These have been invaluable guides to practice (even though completed research is sometimes limited and can itself only address some of the many practice issues that arise) and have also informed policy discussions. Three recent examples provide illustrations.

Department of Health. 1998. Caring for Children away from Home: Messages from Research. Chichester: Wiley.
This overview volume summarises the findings from eleven studies commissioned by the Department of Health in the 1990s. Each focussed on residential care. One of the prompts for these studies was concern raised by a series of public inquiries into the handling of residential care. The 1989 *Children Act*, and the regulations and guidance that followed it, provided new safeguards for children living away from home. The overview provides a brief background (history, policy framework, scandals, characteristics of children resident in homes) and then considers the evidence under five heads: the children; the homes; staff and their tasks; management, inspection and training; residence in its wider context. Many conclusions can be drawn from these studies. One obvious finding is that there is no single model suitable for all 'looked after' children, leading to the aspiration to find out what works, for whom, when and why. Management, training, inspection, research and development are all given emphasis. Finally, 'the evidence suggests that residence should be brought closer into the continuation of services for children in need, in order to ensure that the right children come into the sector and find their way to places that are right for them'.

Department of Health. 1999. *Adoption Now: Messages from Research*. Chichester: Wiley.
Like its sister volume on residential care (see above), this volume brings together the results of recently commissioned research, in this case focussed on adoption issues. The government's Quality Projects programme lays great store by the contribution adoption can make to finding permanent families for some children. The lucidly written overview report pulls out the main themes of the ten research studies, and of course of the adoption process: outcomes, predictors and risks; preparation; selection; contact; legal and court proceedings; support; and issues of organisation. It ends with messages for policy and management. These include: the need for accurate and relevant information ('probably more inadequate in adoption than in any other field of child care'); the need for adoption to be better integrated into the mainstream of child care and into the planning for individual children and overall resource deployment; the need to recognise the *particular* demands that adoption makes upon professional experience and skill, with implications for training; the need for consistency (coherence, standardisation) in national and local policy agendas; the need to understand why unnecessary and counterproductive delays occur and what can be done to minimise them; the need to clarify the differences and similarities between adoption, long-term foster care and residence order status; and the need to address the legal and practice issues raised by inter-country adoption.

Hill, Malcolm. (Ed.) 1999. *Signposts in Fostering: Policy, Practice and Research Issues.* London: British Agencies for Adoption and Fostering.

As fostering has become the mainstay of support for 'looked after' children living away from home, so it has also become increasingly complex. The challenges for foster carers and for placing and supervising agencies have grown. This collection of papers from the journal *Adoption and Fostering* examines the factors that have contributed to these changes and discusses the major issues and concerns facing foster carers today. Chapters cover: the organisation of services; recruitment; assessment and training; short-term placements; meeting the needs of siblings; the importance of external relationships including maintaining contact; education; health and development; and placement endings. A short postscript summarises the trends of the 1990s and points to growing discussion of partnership with birth parents ('laudable … [but] not easy to achieve').

Berridge, David. 1997. *Foster Care: A Research Review.* London: Department of Health.

This earlier collection of research evidence on foster care also provides an excellent description of what is known, what is not known, and what the implications are for policy and practice.

Family services

Aldridge, Jo and Becker, Saul. 2003. *Children Caring for Parents with Mental Illness.* Bristol: Policy Press.

The family consequences of severe and enduring mental illness of a family member are largely unresearched. In particular, little is known about the experiences of children in these families. This is the starting point for an interesting, well written research-based book on the experiences and needs of children caring for parents with severe mental illness. The book discusses, the perspectives of those children, parents and professionals in contact with them, the literature in this area, and the implications for improving policy and professional practice. One of the main conclusions from the book is that effective intervention procedures that can prevent crises and allow children (and parents) choice, in undertaking informal care responsibilities, are rarely offered. Moreover, professionals all too often fail to provide sensitive, non-demeaning assistance. There are exceptions, such as some of the services and the support provided by young carers' projects. The authors suggest mapping the young caring experience, particularly the caring role and the nature of illness/disability. This would promote enhanced inter-agency communication and information sharing.

Hill. Malcolm, (Ed.). (1999). *Effective Ways of Working with Children and their Families.* London: Jessica Kingsley.

This useful collection of essays covers early-years provision, community work with children, family therapy, treatment for children who have been sexually abused, and work with foster children and their families. Contributors come from a range of disciplines. The discussion covers approaches for individual children and for their families, including some focused on children's lives at school, neighbourhood and community levels.

Macdonald, Geraldine and Williamson, Emma. 2002. *Against the Odds: An Evaluation of Child and Family Support Services*. London: National Children's Bureau and Joseph Rowntree Foundation.

Based on research in one local authority (which is carefully profiled), this report describes the operation of child and family services, their successes and limitations. Information and insights from parents, children and practitioners are shared. They find that the child and family support service is 'the only major source of therapeutic work available to families and most value it immensely', even though it is hard to demonstrate success in terms of preventing out-of-home placements (which, anyway, is only one of a number of aims). Without a control group it is impossible to judge effectiveness. A 'wider repertoire of interventions' is needed to more closely match the needs of family and young people.

Frail elderly, nursing homes, long-term care

Department of Health. 2001. *National Service Framework for Older People*. London: Department of Health. http://www.doh.gov.uk/nsf/olderpeople.htm

The National Service Framework (NSF) for Older People addresses health and social service objectives and standards for older people. It represents one of the most important strategic documents in recent years on services for this group. The NSF sets out eight standards, covering key conditions, including stroke, falls and mental health, as well as general hospital care and the promotion of health and active life in older age. The first two standards set the tone for the rest of the document, emphasising the importance of rooting out age discrimination and of person-centred care. The NSF contains targets for the rehabilitation of older people, under several of its eight standards. Perhaps the highest-profile service developments arising from its publication have been in the area of intermediate care. The document has also been a force for the promotion of partnership working between health and social services.

Netten, Ann, Darton, Robin, Bebbington, Andrew and Brown, Pamela. 2001. "Residental or nursing home care? The appropriateness of placement decisions." *Ageing and Society* 21: 3-23.

This paper examines data from a national longitudinal survey of people admitted to publicly-funded residential and nursing homes, in order to identify what factors are associated with placement in these settings. Netten and colleagues find that the incentives inherent in the current system work well to create a consistent local authority approach to nursing home placements, but that in terms of residential home placements there was 'much more of a lottery' about being admitted, or being maintained at home. The authors suggest that it remains to be seen whether a new policy emphasis on intermediate care can reduce long-term care admissions.

Tinker, A. 1997. *Older People in Modern Society*. Fourth Edition. Harlow: Longman.

In its fourth edition since 1981, this book has become a commonly cited work on the personal social services, although it also addresses other policy areas (health, housing, employment, financial well being and so on). Information is provided on social care provided by social service departments, voluntary and community organisations and families. Research, policy and practice evidence, relating to older people, is pulled together, and changes resulting from the implementation of the NHS and Community Care Act are discussed, in this latest edition. An

important feature of the book is its emphasis on the social contribution of older people, including their roles in the family. The book provides a comprehensive, fully referenced and well-written overview. Thirty-seven 'documents' appended to the volume are extracts from key policy and practice literature.

Ware, Patricia, Matosevic, Tihana, Forder, Julian, Hardy, Brian, Kendall, Jeremy, Knapp, Martin and Wistow, Gerald. 2001. "Movement and change: independent sector domiciliary care providers between 1995 and 1999." *Health and Social Care in the Community* 9:(6): 334-40.

The growth of home (domiciliary) care has been a prominent feature of recent years. Home care services have been targeted on people with greater needs (with the loss of the preventive function of these services). Another important feature has been increasing reliance on independent sector providers. This paper reviews changes in the independent home care sector, by analysing data from two cross-sectional sweeps of organisations. The challenging contractual environment for these providers is described, although there are moves over time towards greater levels of guaranteed service and more sophisticated patterns of contracting arrangements. There remains an ongoing need to share information between local authorities and independent providers, so that good working relationships can develop with proven and competent providers.

Health care related social services, convalescence and rehabilitation

Department of Health. 1999. *National Service Framework for Mental Illness*. London: Department of Health.

Following extensive consultation, seven standards for mental health care were established, covering mental health promotion, primary care, access to services, effective services for severe mental illness (care programmes and appropriate use of in-patient care), caring about carers and preventing suicide. Health, social care, housing and other services for people with mental health problems are now delivered within this framework.

Emerson, Eric, Hatton, Chris, Felce, David and Murphy, Glynis. 2001. *Learning Disabilities: The Fundamental Facts*. London: The Foundation for People with Learning Disabilities.

Four of the leading researchers in the UK on learning (intellectual) disability co-wrote this accessible and authoritative summary of current evidence concerning the lives of people with intellectual disabilities in the UK. In a slim volume, it succinctly covers terminology and classification, causes and epidemiology. More attention is paid to a number of today's pressing challenges in the lives of people with intellectual disabilities, including legal and ideological issues, additional physical, social and health needs, and the extent, nature and costs of service supports.

Braddock, David, Emerson, Eric, Felce, David, and Stancliffe, Roger. 2001. The living circumstances of children and adults with mental retardation or developmental disabilities in the United States, Canada, England and Wales, and Australia. *Mental Retardation & Developmental Disabilities Research Reviews*. 7: 115-121.

Emerson, Eric, and Hatton, Chris. 1998. Residential provision for people with intellectual disabilities in England, Wales and Scotland. *Journal of Applied Research in Intellectual Disabilities.* 11: 1-14.

These two papers describe current patterns of provision of supported accommodation for people with intellectual disabilities in the UK, including comparative data from North America and Australia. They highlight variation in the volume of provision across countries and within England. The papers illustrate the growing provider role of the independent sectors, mirroring developments in other service areas.

Nocon, Andrew and Baldwin, Sally. 1998. *Trends in Rehabilitation Policy: A Review of the Literature*. London, King's Fund.

Nocon and Baldwin present information gleaned from the literature on the meaning of rehabilitation, its provision and availability, finding that health services accounted for most provision and that there were gaps in provision in certain parts of the country and for certain conditions. They advocate more recognition of the role that social care services play in providing rehabilitation.

Disability

Chamba, R., Ahmad, R., Hirst, M., Lawton, Dot and Beresford, Bryony. 1999. *On the Edge: Minority Ethnic Families Caring for a Severely Disabled Child.* Bristol: The Policy Press.

This publication presents findings from the first national survey of the needs and circumstances of minority ethnic families caring for a child with severe disabilities. Almost 600 families took part in the survey, which was compared to an earlier survey of white families. It is clear that considerable inequality remains in access to social and health services. After a brief introduction the report describes the circumstances in which the families were living, followed by an interesting discussion of knowing and being understood. Equally interesting is analysis of parents' experiences of using services. The report concludes with a summary of the implications for policy and practice.

Marks, D. 1999. *Disability: Controversial Debates and Psychosocial Perspectives.* London: Routledge.

Marks provides an up-to date account of the major debates surrounding disability, emphasising the historical and cultural construction of disability. The chapters on the 'disability professions' and on public policy contain the most direct references to the personal social services, but the book as a whole has relevance for social work practice. There is a chapter on The Disabled People's Movement, and the relationship between the Movement and professionals is of crucial importance. The book ends with a discussion of knowledge and the politics of disability.

Morris, J. 1999. *Hurtling into the Void: Transition to Adulthood for Young Disabled People with Complex Health and Support Needs*. Brighton: Pavilion Publishing.

The void referred to in the title to this book is one of uncertainty and inadequate support. It arises as increasing numbers of young people with a range of impairments and high levels of health and support needs survive into adulthood, while knowledge about the group in question is insufficient. This report reviews the present level of research knowledge and summarises information from six health and social services authorities as well as the views and experiences of sixteen young people with complex needs. One main aim is to identify key ques-

tions for those commissioning and providing services, in order to enable them to more effectively help young people make a successful transition to adulthood. Barnes, Colin, Mercer, Geof and Shakespeare, Tom. (1999) Exploring Disability: a sociological introduction, Cambridge: Polity Press

This book provides an accessible and thorough introduction to the field of disability studies. The authors furnish a clear overview of topics such as disability theory, as well as the perspectives on chronic illness and disability as portrayed in the medical sociology literature. The book then focuses on the 'disabling barriers' raised by the built and social environment in Britain. The authors discuss future directions for the study of disability, particularly the potential of taking an emancipatory approach to research.

Oliver, Michael and Sapey, B. 1999. *Social Work with Disabled People*, Second Edition. Basingstoke: Macmillan.

The first edition of this book appeared in 1983. This edition incorporates substantial revisions taking into account legislative changes and theoretical developments in the field of disability. The causes of impairment are contrasted with the social creation of disability. The book provides chapters on disability in the family and living with disability. It identifies some of the negative aspects of welfare policy, but also considers how social work can help remove disabling barriers. It also considers the implications of adopting anti-disablist practice in the education and training of social workers and the management of social service departments.

Homeless, poverty, social exclusion

Hills, John (Ed.). 2002. *Understanding Social Exclusion.* Oxford: Oxford University Press.

This book, from the Centre for the Analysis of Social Exclusion at the London School of Economics, addresses three main questions: How can social exclusion be measured? What are its main determinants or influences? And what policies can reduce social exclusion? Although not focused on social care, the topics covered by the chapters are clearly of great relevance, including social isolation and the distribution of income, inter-generational dynamics, low paid work, neighbourhood and community issues, and child poverty.

Barry, M. and Hallett, C. (eds.) 1998. Social Exclusion and Social Work: Issues of Theory, Policy and Practice. Lyme Regis: Russell House Publishing.

This volume considers the definition, causes, processes and outcomes of social exclusion. It draws on a wide range of theories to illuminate and inform discussion of issues such as citizenship, empowerment, discrimination and poverty. It is not perhaps unreasonable to ask whether social welfare and social work exacerbate rather than reduce the exclusion of marginalised groups. Contributors to this volume are aware of this possibility, but the overall message of this publication is that social work has a significant role to play, in combating social exclusion. Social work mediates between advantage and disadvantage and between social integration and marginalisation. However, contributors are not entirely satisfied that social work is realising its full potential in this respect, nor do they claim social work alone can overcome structural disadvantages associated with a market economy.

Becker, S. 1997. Responding to Poverty: The Politics of Cash and Care. London: Longman.

This book differs from others with similar titles in that it has considerably more to say about the personal social services. Policy-making and implementation are analysed in three key areas: social security, personal social services and community care. An interesting feature of the book is the interplay between these three areas – the relationship between cash and care. The chapter dealing with the personal social services, entitled Managing Care, focuses on social services and social work with poor families and children. The chapter on community care considers the role of social services in relation to social exclusion. The whole analysis is set within the context of a discussion of the politics and ideology of poverty.

Burrows, R., Pleace, N. and Quilgars, D. (eds.) 1997. *Homelessness and Social Policy*. London: Routledge.

In this useful and accessible book the editors draw on research conducted at the Centre for Housing Policy at the University of York. The introductory chapter discusses various meanings of homelessness and the extent and distribution of homelessness. There is a good chapter on alternative theoretical perspectives. Among aspects of homelessness discussed in the book are homelessness and the law; the social distribution of homelessness; mortgage arrears and repossessions; health issues; the rehousing of single homeless people; the needs of homeless households; and the role of the private rented sector. The authors call for a more integrated approach and for more resources.

Crane, M. 1999. Understanding Older Homeless People: Their Circumstances, Problems and Needs. Buckingham: Open University Press

Homelessness among older people is a neglected subject, despite the significant proportion of the homeless who are older people. Crane addresses this gap, drawing on original research involving the collection and analysis of life histories of homeless older people, tracing their pathways into homelessness. Since many older people have been homeless since their teenage years or early adulthood, the research has relevance for homelessness occurring at various stages of the life cycle. Using case studies as illustrations, the author discusses the circumstances, problems and needs of older homeless people and examines how agencies respond. The author makes recommendations for improving services.

Immigrants and refugees

Watters, Charles 1998."The Mental Health Needs of Refugees and Asylum Seekers: Key Issues in Research and Service Development" In Francis Nicholson and Patrick Twomey (Eds) *Current Issues in UK Asylum Law and Policy*. Aldershot: Ashgate.

This is a brief review of the issues in the mental health care of refugees in light of recent legal and policy changes in the UK, and particularly the responses of local authorities. Watters reviews key mental health issues, for instance post traumatic stress disorder. He describes current concerns in mental health service development, in relation to the reception and detention of refugees and access to counselling. He also makes the point that refugees may be suffering distress and stress rather than clinical mental health disorders, and looks at therapeutic responses that might be appropriate for this group.

D Summary assessment of current debates

The books, chapters and journal articles described in this chapter provide a partial picture of the present state of personal social services evidence in the UK. Several trends identified within these writings will continue to occupy a central place in British social policy debates. These include the following:

- How are services and funding targeting on needs? There is great pressure from central government (in Westminster, Edinburgh, Cardiff and Belfast) to improve both the efficiency and equity of provision, and also the equity (and in a less explicit manner also the efficiency) of financing mechanisms.

- More generally, the 'Modernisation agenda' places great emphasis on performance measurement and management, and regulation. These emphases will continue to exert influence, with – for example – the extension of regulatory frameworks into new areas, more attention to the incentive effects (and unintended consequences) of particular regulatory processes and standards.

- Another facet of the modernisation agenda is protection. The Criminal Records Bureau has been established to protect children and vulnerable people by enabling organisations to gain access to important criminal and other information for recruitment and licensing purposes.

- Promoting independence has been an important social care objective for some time, given particular prominence in the 1990 Act and more recently in The NHS Plan. One key manifestation of this aim is the development of *intermediate care*, a loosely applied term to describe a range of services 'to promote independence and improve quality of care for older people'. Support for older people is encouraged in community rather than institutional settings (hospitals or care homes), and the provision of reliable, high quality on-going support at home. Intermediate care was defined in terms which encompassed: rapid response services to prevent unnecessary hospital admissions; intensive rehabilitation services; recuperation facilities; 'one stop' services involving key workers for older people; and integrated home care following discharge from hospital.

- User involvement and choice is another long-term aim of social and health care policies across the UK. There has been some success in extending the range of options available to older people and other users, although whether *effective* choice has improved is less clear.

- The rhetoric on partnership has grown more intense, with the government backing its exhortations to integrate health and social services with both dedicated funding and detailed national service frameworks (as seen, for example, in the National Service Frameworks for Mental Health and for Older People). In some parts of the country, primary care trusts and local authorities are exploring joint commissioning arrangements.

- The debate on the funding of long term care in England culminated in the Long Term Care Commission's recommendation that personal and nursing care should be provided free to those who need it. As noted earlier, this recommendation was taken up in Scotland but not in England or Wales. The affordability

of long-term care remains an important issue for any country facing an ageing population. It also remains to be seen how effective are the contrasting policies north and south of the Scottish border, in terms of improving access to care, equity, efficiency and the quality of life of older people.

- How should the mixed economy of care continue to develop? All care services have seen quite marked changes in the sectoral balance of provision. The trend for public sector services to give way to independent sector provision is set to continue, with some local authorities still aiming to commission but not directly provide care.

- A major shake-up is expected in children's services (in England at least) following the public inquiry report into the abuse and murder of eight-year-old Victoria Climbié. The 400-page Laming report – which identified administrative, managerial and professional failures by social workers, police and NHS staff – has attracted criticism for not going far enough. It recommended establishment of a national agency for children and families to co-ordinate policy and monitor the performance of local children's services. The government's response to the report's recommendations is awaited.

- Other developments likely to characterise the next few years, and not covered very much at all in this bibliography, include the growth of assertive outreach teams for mental health services (drawing on social care as well as NHS staff); and youth offending teams, involving partnerships between police, probation service, social services, education, health and housing.